

SVCC TUITION/FEE PAYMENT TRANSMITTAL FORM

Location of Origin _____ Date: _____ Page _____ of _____ Page(s)

	Student's Name	Transaction By (Check One):			Check (Amount) Writer's Name	Payment By:			Receipt Number
		No. Cr.	Reg. Form	Add/Dr. Form		Cash (Amt.)	Other (Amount & Method)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

All add/drops should be recorded, even if no payment is included.

Original should accompany payments through each office to the Business Office. Each individual receiving payments and form should verify amounts by recounting, sign on appropriate line, and give copy of form to person from whom received.

SIGNED

DATE

